

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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## AT EITHER EXTREME.

Surely the ability of homeopathy to adapt itself to any given environment is something remarkable.

In Germany an attempt has been made to keep the followers of this school from dispensing their own medicines, the plea alleged being infringement of the rights of the regularly-licensed pharmacists; but when specimens of the suspected pellets of sugar were submitted to chemical investigation, the report returned was, no medicine found; and the authorities, acting upon this suggestion, ruled out the case, saying that they had no power under the existing law to try pedlars of confectionery.

Quite otherwise was the experience of the managers of the Sacramento County Hospital, when (according to the *Pacific Med. Journal*), not long since, through motives of economy, they secured the services of a homeopath for their institution. They were happy for a time, but when the bills for supplies came in they found they had trusted to a vain hope; for this disciple of the new school, finding plenty of medicine within his reach, had demonstrated his ability to give it with as free a hand as any brother of the old school. In reality, he had out-Heroded Herod in this particular, and the items on the account—representing quinine, opium, and other baneful drugs—proved so appalling that the frugal managers discharged him at once and employed a "regular" physician in his place.

With examples like these before us, of extreme attenuation under one set of circumstances and open prodigality under another, we can but admire the flexibility of the school, while we are led to suspect that possibly devotion to fine-spun theory may not be the only motive impelling our homeopathic friends to practice infinitesimal medicine.

Indeed, whenever it has happened to be our privilege to look over prescriptions written by these gentlemen we have been struck with the fact that their potentization has always tended toward concentration rather than dilution; while such active drugs as quinia, sulphuric acid, opium, calomel, jalap, and gelseminum have figured in doses large enough to put to the blush the pretensions of any old-fashioned medicine-man.

These things, together with their small fees for service, look as if economy might have considerable influence in the method of medication chosen by these pliable and realistic followers of the dreamy and metaphysical Hahnemann, and suggest that perhaps in a given case (a bilious remittent, for instance) the terrible question as to whether the patient's frame shall be racked by heroic doses of gamboge and calomel, or shaken from center to circumference by the reckless administration of thirtieth potencies of podophyllin and bryonia, may turn on the equally grave question of who is to pay for the drugs.

A PROPHET of the Orient proclaims that sickness and death will prevail among the British troops if after wintering in Afghanistan they evacuate the land in early spring.

THE KENTUCKY STATE MEDICAL SOCIETY, a full programme of which we publish elsewhere in this issue, will hold its twenty-sixth annual session at Covington, commencing on Tuesday, April 5th. A glance at the programme will convince any one that the Society is alive and in a condition to render efficient service in the cause of medicine. It will be seen that the papers to be read will touch upon important points in every part of medicine and surgery, with their accompanying specialties, while the names of the authors (all of them well-known practitioners of experience, and not a few of acknowledged eminence among us), make it certain that entertainment and instruction will be secured to all who may attend.

The corps of officers is strong, and the committee of arrangements is sparing no pains to bring the matter of welcome up to the traditional standard.

It will not be forgotten that Covington is a historic town, and, like Jerusalem of old, "beautiful for situation."

This matter of situation should be no small attraction to those who may contemplate attendance upon the Society; for a day spent among the wonders and beauties of the Queen City (which we forgot to mention is a suburb of Covington) will add not a little to the enjoyment of the occasion.

We expect a large attendance, a successful session, and a general good time.

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No fewer than one hundred persons are at present waiting their turn for admission into the Glasgow Royal Infirmary, and during the past year the daily average waiting at the Western was sixty-eight. This represents a very serious amount of unrelieved misery.—*London Lancet.*

At the same time we are not informed of any falling off in the number of dinners or receptions given by the grandees, or of any less extravagance in dress or parade among the more highly favored of this metropolis; and what is true of this place is true of every other as well. We all pray "Thy kingdom come," but what are we doing to hasten its coming?

## Original.

### THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

#### PART II.

I shall not venture any arbitrary classification in speaking of the instruments which I propose to notice, preferring to give descriptive details without reference to system. The physician is a stranger to that which is systematic in the use of his instruments, and he should bear the same relation to the question of choice. The catalogue of the instrument-maker presents the glories of the systematic, but even though there be incongruity in relations of description, these papers will depart from any such fixed classification.

One other word is necessary. These papers are not "puffs" of any instrument-manufacturer. Although it is true that no pains or expense have been spared in obtaining material for these descriptions, and although I have relied upon details furnished me by several instrument-makers, as well as on the experience of physicians other than myself, yet my rule has been never to depart from impartiality. From the experience of the best scholars of our profession I have obtained the general idea of what the *best* instruments are, and those I have described. Inferior instruments have not been named over others that some one might be pleased. If an instrument has been proved good or has distinctive merits, it makes no difference to me whether its manufacturer is Tiemann or Reynders, or some obscure mechanic, it is described without regard to persons.

I have tested, so far as I have been able, those instruments which have come to me reputed the most excellent, seeking any flaws that might make departure from excellence. All that I shall recommend are as perfect in mechanism, finish, and crude essentials as the manufacturers put upon the market.

#### I. THE ATOMIZER.

If the physician keeps close abreast of the times, there are processes of medical practice into which he should have a clear insight, which is to be gained only through the mechanical medium of the instruments used in furthering its employment. Prominent among the newly-written chapters in the science of medicine are those which treat of antiseptic surgery, atomization, and local

anesthesia. Intimate knowledge of their practice is obtainable by the practical use of the atomizer, of which apparatus there are various forms. Of these the principal are Delano's hand-ball apparatus for air and Tiemann's apparatus for steam. In these and all others the essential parts are a cup to contain the solution, a vertical tube dipping into this cup and terminating in a capillary extremity, and a rectangular tube communicating with the air-bulb or steam-boiler.

Delano's hand-ball atomizer is simple in contrivance, and the "No. 558," made with a long tube, is all-sufficient for nebulization in any of its forms. The price is \$1.50. Tiemann's steam apparatus is the most elaborate, easily portable, and perfect in arrangement and action. Its price is \$5.00; but to the practitioner of antiseptic surgery it is worth double its price, and has no equal.

Bergson's steam atomizer has the merit of a graduated bottle, and is sold at \$4.50. Seeger's apparatus, at \$12.00, is beyond the means of the poorer class of physicians. Codman & Shurtleff have a very fine apparatus at \$5.00. The champoniere instrument, at \$60.00, combines every good quality, but is too costly for the general practitioner, who would prefer to wear out a dozen five-dollar atomizers rather than purchase one at sixty dollars. Some prefer Davidson's as a hand-ball instrument, but I do not think it is comparable to Delano's. Richardson's (\$7.00) is good in theory. Mention might be made of several other makes, but the instruments of those named exhibit all the qualities to be desired.

## II. THE MICROSCOPE.

Within a comparatively short time the micro-chemistry of the tissues and secretions has become one of the important parts of our science. It was only a few years ago that microscopy was exclusively the property of the pathologist. Now every physician is a pathologist, and, more than that, a professional diagnostician; so that today no doctor can rationally practice medicine without employing the microscope or having it employed for him. We do not wish to be understood as saying that it is positively necessary for every doctor to possess a microscope, but it is best to put one's self in the way of obtaining its advantages. In city practice provision can be made by working with some skilled pathologist, and in the country it is an excellent idea for a town or district medical society to own a good microscope in common. However, if

a physician can afford it, it is advisable to purchase one. To spend a large sum on a microscope is scarcely prudent, and the delicate adjuncts to the higher-priced instruments, which fix the price, are embarrassing and unnecessary to the physician. There are several makes and a multitude of patterns, some perfectly constructed, and others as useless in study as a common lens. Grunow, of New York, makes very good microscopes, and among others his "New Model" instrument is deserving of praise. The price is \$25.00; and while it is as good in every respect as some fifty-dollar instruments, it is thoroughly adapted to the necessities of the profession. We can not commend any over it, though Beck's "Economic" (\$35.00) and the "Monocular Economic" (\$55.00) do not suffer in any comparison except the price. There are other good makes, and the prices range from \$5.00 to \$10.00. The manufacturers are beginning to consult economy, and the physician has the same privilege.

## III. THE RECTAL SYRINGE.

Various forms of rectal syringes are in market, and one in viewing the array can see how aptly the Greek word *σωπυξ*, "a pipe," gave the instrument its name. There are as many variations in material as in pattern, and the scale of prices is as varying. Choice may be had of metallic or rubber syringes, and of paying twenty cents or five dollars. The metallic syringe has the virtue of giving a continuous stream, and the vice of getting out of order readily. The Fountain syringe, a rubber article, operates automatically, is valveless, injects no air, and may be used for the ear, urethra, nose, etc., as well as for the rectum. Many prefer this, and the price (\$3.00) is in its favor. The "syphon syringe," the recto-colic apparatus, Maw's enema-pump, the "universal" syringe, and Woodward's patent, are not suited for the general practitioner. Davidson's hand-ball patent (price \$2.00 and \$3.00) is a favorite, and justly so. Although patented less than a quarter of a century ago, it is now in use universally. Until 1867 the Davidson Company were forced to obtain their rubber of manufacturers who held the patent, and consequently were liable to use a poor article. Now they make all of their material, using pure Para rubber and block-tin. Other cheaper instruments resembling theirs are sold, but the pipes are made of lead, nickel-plated, and when the plating begins to wear off the minute points of nickel cut the mucous membrane, and lead poison-

ing of a dangerous character results. Equally as good as the Davidson in many respects, and better for rectal alimentation, is Hall's health syringe, consisting of a rubber bulb and tube screwed on a glass bottle. There are no valves—steady stream and painless action. It never gets out of order, nothing but air passes through the bulb, its operation is easy and simple, and it is excellent as a nasal douche or ear-syringe. Its price is \$1.50 and \$2.00. I have both Hall's and Davidson's, and both are best of their kind. I would recommend all to possess the two patterns, and be assured that there are none better.

#### IV. THE PRESCRIPTION SCALES.

The gospel of guesswork has come to be too antiquated for the modern physician. In all of its worth precision is commended, and perhaps as warmly in the art of prescription as any where. Among medical instruments that are indispensable for everyday precision there is none better known or more abused than the prescription scales. Even though the physician is an adept in "estimating doses," or even if he has an apothecary at his elbow, there is an ever-present need of that precision which is only to be had by the use of the scales. They give no chance for mistakes, and give fine "supporting treatment" to the conscience! The pattern which we find best adapted to general office use is Troewmer's No. 1 "army scales," capacity of one ounce to one fifth grain. They may be had for \$5.00, and are handsomely mounted on a black-walnut box, with a full set of accurate weights. They are the best made. The cost of purchase will never be regretted, and no blood will be visited on the user's head.

#### V. THE HYPODERMIC SYRINGE.

Though but thirty-eight years have elapsed since Wood inaugurated the practice of hypodermic medication there is now nothing more common. The old-fashioned syringes of Hunter and Kursak have given place to some very elaborate patterns, until the most common syringes are things of beauty and excellence. It may seem supererogatory to speak in detail of the various patterns. The material is of glass, rubber, silver, celluloid, etc. The essential points of perfection are exactness of the cylinder; small, accurately bored, and sharp tube; and an exact valuation of graduation. Bartholow considers the silver instrument the best. Glass syringes break too easily, or the mountings

give way. Those with metal protection and fenestration are perhaps as good as any. Graduation should, in any case, be on the piston-rod. Otto & Sons have recently put upon the market a celluloid syringe. Stimson's pattern is of silver, and of the size of a No. 10 catheter; is three inches long, and fits into the pocket-case. Tiemann & Co. make a hollow-piston syringe, which is very compact, and can be carried in the vest-pocket. Worn on the watch-chain it makes a beautiful "charm," and there is no risk of breaking. The price is \$2.50. The same company manufacture a "hypodermic bottle," which is both novel and convenient. There are also the "painless," "air-tight," and French syringes. Greene's hypodermic case (price \$12.00) is well adapted to suit the fancy of the moneyed physician, but too costly for a poor man. The prices of syringes range from \$2.50 to \$4.50. The fenestrated (price \$3.00) and Tiemann's No. 8 hollow-piston pattern are "the best." These are always provided with a syringe, a vial, two needles, and wires for cleaning the tubes. There is practically no choice between the needles that are attached to the syringe by a screw and those attached by a slide, though we prefer the screw arrangement.

HINSDALE, N. H.

#### IS TYPHOID FEVER CONTAGIOUS?

BY W. T. CHANDLER, M.D.

This is a question that has often been asked and as often controverted as confirmed.

Bad ventilation and filthy accumulations are generally brought forward as the chief if not the only etiological factors in its production. In large cities, where these contingencies may be found on almost all occasions, they offer a very ready explanation, acceptable alike to the sanitarian and to the physician. But we find epidemics and sometimes almost epidemics of typhoid fever in otherwise healthy rural districts, when to all appearances the sanitary regulations are as complete as could be desired.

In confirmation of this fact and as an additional evidence of the contagion of typhoid fever under circumstances where the foci of disease were wide apart, I record for what they are worth the following clinical facts:

As to the nature of the malady there could have been no mistake. The thermometric, abdominal, and other indications of typhoid fever were plainly and unequivocally marked.



The first case occurred in the person of a white male about thirty-five years of age and could be traced to no special origin, as his residence was a new building on the edge of a woody eminence. I saw this gentleman only in consultation a few days before his death. His brother, a few years younger, who remained with him during his illness, contracted the disease about two weeks after and was removed to his father's, another healthy farm-house about two miles and a half from the original case.

After about six weeks the entire family, except the father, consisting of three younger brothers, a sister, and the mother, each in turn contracted the fever which went through its regular course. All of these recovered except one.

To add to this, during the latter cases two young men, aged respectively twenty-two and twenty-five, brothers from a neighboring farm about one mile distant, sat up alternately every night with the sick family. These also contracted the fever. Eight cases in all, with two deaths, all except the first traced to direct infection from new points of development.

Bad air, cesspools, and other city indispensables had nothing to do with these cases.

Since it has been thought by some who favor the contagion of typhoid fever that the excrements are the special causes of infection, it is worthy of remark that all these cases were night attendants upon the affected and assisted in carrying out their excreta, changing their bedding, linen, etc.

CAMPBELLSVILLE, Ky.

## Correspondence.

### HOW CAN THE DOCTORS MAKE MORE MONEY?—THE SURVIVAL OF THE FITTEST.

*Editors Louisville Medical News:*

— Say a foolish thing but oft enough  
(And here's the secret of a hundred creeds;  
Men get opinions as boys learn to spell—  
By reiteration chiefly), the same thing  
Shall pass at last for absolutely wise,  
And not with fools exclusively.

—Mrs. Browning.

Discussion will lead to increased knowledge of any subject, if discussion leads to thoughtful study. Believing so, I desire to dip my pen into the muddle of ink which the News has stirred up on the subject of doctors and their earnings.

Censor, who probably knows nothing of the special subject, advocates small fees, and thinks that the increased number of those who would pay the reduced charges would more than counterbalance the loss by reduction; in short, that if doctors would charge a reasonable fee, they would not lose a larger percentage of their earnings than men of other callings.

I think that the experience of the profession is strongly against such a supposition. In the average community one fourth of the bottom man's patients assume that they are unable to pay any thing for medical treatment. Another fourth promise to pay the nominal fee of one dollar per visit, but have no intention of doing it. This leaves one half who pay or mean to pay the doctor. Where competition has been very great, the supply being much in excess of the demand, as is generally the case now, I have seen worthy and competent men try the experiment of cutting fees, but I could not discover that it led to an increase of business.

As a matter of fact, people select their physicians as they do their sweethearts, by some law of affinity which laughs at charges or qualifications. True, the idea of qualification is uppermost in their minds, but it has no more solid foundation than the pleasing fancies that paint each one's sweetheart as superior to all others.

But Censor, probably with the ghosts of unpaid doctors' bills troubling his mental vision, rails at the presumption and incompetency of the profession in this wise: "The number of cases restored by persons not physicians, when such cases have been given up by doctors, is known to be legion."

This leads to an aspect of the case at once perplexing and humiliating. Carlyle said that the population of England was so many millions—mostly fools. The same is equally true of all other populations, and is literally true of all upon the subject of diseases and their so-called remedies.

Every intelligent and experienced physician knows and deplors the narrow limits of his art in saving life in the present state of knowledge, notwithstanding the great progress which science has made within the past generation. But not every experienced and intelligent physician has the courage to reveal the truth to those about him, because in the present state of popular ignorance modest truth is fatal to its disseminator in the presence of the pretensions of quacks and charlatans who thrive upon popular ignorance. It can not be denied in fact

that every practitioner who succeeds derives a certain profit from the ignorance and superstition of the masses, and the necessity of that profit seals his lips against the utterance of truths which if generally known would be fatal to quacks and charlatans without detracting from the real office of the true physician.

The number of people who think or reason upon any subject is not large. Those diseases which are most familiar to the people have certain fixed stages and average durations. The dear people have never seen one of these diseases *cured*—that is, *cut short* by drugs. The tendency of such diseases is toward recovery with or without treatment and under all forms of treatment. Death is the exceptional result, and occurs in nearly an equal percentage of cases whether treated by the regulars, the homeopaths, the hydropaths, the eclectics, the Thompsonians, or grandmothers' herbs, or not treated at all. The people see this and yet do not realize it. They attribute the recoveries to the treatment, whatever it may be; and the deaths they charge upon Providence or the particular practitioner who fails to cure, according to the mood of the individual. But there is nothing in the results of general practice, within the scope of non-professional observation, which will shake the faith of any one in a dogma, no matter how absurd the dogma may be to medical common sense.

Every experienced doctor has seen patients recover under his treatment after he has confidently predicted or expected death, and *vice versa*. Nature sometimes endures more and sometimes less than the most cultured intellect can foresee, and in either case the most that art can do in the case of most diseases is to reinforce nature at a weak point, and sometimes turn the tide of battle against death. The doctor can cure syphilis, intermittent and remittent fevers, and a few other diseases; but the majority of diseases he can only treat. In all he can relieve suffering more or less and add to the comfort of his patients. He can increase or diminish the action of certain organs, modify the severity of symptoms, abridge somewhat the duration of diseases, and through these means occasionally save life. But the final issue is much less dependent on drugs than even the most intelligent, or than doctors of limited experience or unlimited enthusiasm are apt to believe.

There is reason to believe that sanitary regimen has done much to lessen the ter-

rors of many epidemic and infectious diseases—much more in fact than therapeutics; and in the *emergencies* of obstetric and surgical practice knowledge and skill are often the means of saving life; and here, as in the management of disease, drugs are useful accessories when used with intelligent discretion, but it is doubtful if we can rightfully claim more.

But to return. Censor does not make all plain. For instance, suppose that the top man, who earns regularly two hundred dollars a day, should refuse all except ten dollars, how would that help the bottom man? And as to "pooling issues," that is childish. Who in this world of struggle for gain and mastery pools issues in any calling, further than to agree upon a minimum rate of charges? And even the minimum rate of a medical society is an uncertain quantity, as the right is reserved, where the patient is deemed unable to pay regular charges, to charge such sum as in the opinion of the doctor the patient is able to pay.

So, after all, the question ends where it begins. Doctors will charge what they please—some more and some less. There will always be money enough for as many doctors as are needed, and those who are crowded out must turn their hands to something else, just as men of other callings do. Physicians must continue, like other men, to be subject to the law of demand and supply.

And this brings me to the consideration of the question of success. I mean *financial* success, for there is no other difference in success worth considering, since there is none which is apparent to the people. "A Down Man" says the worthy must succeed and "J. M. W." says "the fittest will survive" in the struggle for professional existence. Here is the error which seems

"To pass at last for absolutely wise,  
And not with fools exclusively."

But it will not pass with any real student of human nature or careful observer of events. It is not true, never has been true, and I fear never will be true that success bears any particular relation to merit, unless it be true that business success is the sole merit of mankind. In every town where six or eight doctors are practicing there is an ignorant (professionally), unprincipled upstart who is overwhelmed with business, while some high-toned doctor of a high order of mind and professional culture is left to starve or eke out a miserable existence. Doctors, like other men, succeed or fail in business ac-

cording as they are endowed or not with those personal characteristics, those "elements of success" which secure prosperity in any other walk of life, and not in proportion to their intelligence, culture, professional skill, or any other order of excellence.

The practitioner who is endowed with the power to look wise and elevate his eye-brows at the right time, has a capital which is far more important to success than any which he can purchase at St. George's or Bellevue. One man may be far more formidable with a case of Humphrey's homeopathic specifics and a ten-cent pamphlet of directions for their use than a much superior man with all the wisdom of the colleges. I am aware that many successful men will flatter themselves that their success is in some way related to superior professional knowledge and skill. But having been witness for fifteen years, and in many places, of the truths which I assert, no amount of delusive flattery can change my convictions. The worthy do not succeed because of their worth. The unworthy do not fail more often than the worthy, nor do the "fittest survive" in any fit sense.

S. S. TURNER, M.D.

A. A. Surgeon U. S. A.

## Formulary.

### CASCARA SAGRADA.

Dr. R. W. Alexander, in the *Therapeutic Gazette*, describes a case the symptoms in which were relieved by this remedy. He says of the patient:

Her condition at this time was as follows: Sal-low complexion; general emaciation; broad, flabby tongue, coated with a thick, yellow fur; foul breath; cardialgia; headache; habitual constipation; liver enlarged, with considerable pain upon pressure. I ordered two preparations of cascara from a druggist in this city, who had gotten some for my special use. The first was Dr. Bundy's preparation, which I intended should meet the dyspeptic condition of her system, and is as follows:

R Cascara sag. fl. ext. (P. D. & Co.)  $\frac{3}{4}$  j;  
Acid hydrocyanici dil.  $\frac{3}{4}$  j;  
Malt extract.  $\frac{1}{2}$  j;  
Berberis aquifol. fl. ext.  $\frac{1}{2}$  j.

M. Sig. A teaspoonful after meals, or oftener, if there is pain or distress with belching of gas or wind from the stomach.

In addition to the above I ordered the second, as follows:

R Cascara sag. ext. fl. (P. D. & Co.)  $\frac{3}{4}$  ij;  
Syr. hypophosphit. co., ad.  $\frac{3}{4}$  iv.

M. Sig. A teaspoonful at night when the bowels fail to move during the preceding day.

### BILIOUS HEADACHES.

When patients are very bilious, and conjunctivæ yellow, a good cholagogue purgative will excite the action of the liver and drain away a copious quantity of bile (Canada Med. Record). Form:

R Hydr. subchlorid.  $\frac{3}{4}$  gr. iv;  
Pil. coloc. co.  $\frac{3}{4}$  gr. vj;  
Ext. hyoscyami.  $\frac{3}{4}$  gr. ij.

Misce et fiat in pilulæ ii. To be taken at bed-time occasionally.

A mixture of soda and bismuth with sal volatile will be useful to relieve flatulency and acidity. Form:

R Sodæ bicarb.  $\frac{3}{4}$  aa 3 j;  
Bismuth subcarb.  $\frac{3}{4}$  aa 3 j;  
Pulv. acaciæ.  $\frac{3}{4}$  aa 3 j;  
Spt. amm. arom.  $\frac{3}{4}$  ij;  
Syr. zingib.  $\frac{3}{4}$  ij;  
Aquæ puræ, ad.  $\frac{3}{4}$  viij.

Misce. Two tablespoonfuls three times a day half hour before food.

If the headache is accompanied with atonic dyspepsia, and there is a clean tongue with weight and oppression of the epigastrium, the nitro-muriatic acid will be found serviceable before meals or three times a day. Form:

R Tinct. nuc. vom.  $\frac{3}{4}$  aa 3 j;  
Acid. nitr. dil.  $\frac{3}{4}$  aa 3 j;  
Acid. hydrochl. dil.  $\frac{3}{4}$  ij;  
Tinct. aurant.  $\frac{3}{4}$  vj;  
Aquæ puræ, ad.  $\frac{3}{4}$  vj.

Misce. A tablespoonful in a wineglassful of water three times a day.

If flatulence is very troublesome, bismuth with nux vomica, and if there is constipation, a morning pill of aloes, nux vomica, and belladonna, or one consisting of aloes, capsicum, quinine, and ipecacuanha are indicated. Forms:

R Ext. aloes. barb.  $\frac{3}{4}$  gr.  $\frac{1}{4}$ ;  
Pulv. ipecac.  $\frac{3}{4}$  gr. j;  
Pil. rhei comp.  $\frac{3}{4}$  gr. iij.

Misce et fiat pilula. To be taken daily before dinner.

R Quiniæ sulph.  $\frac{3}{4}$  aa gr. xij;  
Ext. aloes aquos.  $\frac{3}{4}$  aa gr. xij;  
Pulv. capsici.  $\frac{3}{4}$  aa gr. vj;  
Pulv. ipecac.  $\frac{3}{4}$  aa gr. vj;  
Glycerini.  $\frac{3}{4}$  q. s.

Ut fiat pilulæ xii. One to be taken daily before food at midday.—*Dr. Day, on Headaches.*

### SCOUR WEED (*Equisetum hyemale*).

A. B. Woodward, M.D., writes, in the *Therapeutic Gazette*:

No case of inflammation of the kidneys can be so successfully treated as with this simple remedy. It is also valuable in all inflammation wherever located. If there is a specific for children wetting the bed at night, it is *Equisetum hyemale*; and I have treated the worst cases of diabetes mellitus successfully when other remedies had failed to render any assistance whatever. The specific indications for its use are a fissured tongue with pain and tenderness in the region of the kidneys. If the tongue is fissured both transversely and longitudinally, and has a dark, shiny

redness, add tincture of iron. Say to two thirds of a goblet of water add—

R Tinct. equiseti hy..... 3j;  
Tinct. ferri. chlor..... gtt. xxi. M.

Sig. Teaspoonful every two hours for an adult.

#### ITCH.

Dr. Hardy regards Helmerich's pomade for itch as too irritating, and suggests the following modification:

Suet ..... 3 ij;  
Sulphur ..... 3 iv;  
Subcarb. pot..... 3 ij. M.

A better powder still is made as follows:

Glycerin ..... 3 vj;  
Gum tragacanth..... gr. xv;  
Flowers of sulphur..... 3 iij;  
Carb. soda..... 3 jss.

Perfumed as desired.

The pomade ought not to continue on the body more than twenty-four hours; then a bath, with fresh clothing, change of bedding, etc. During the following week he should use emollients of powdered starch or a glycerite of starch.—*Therapeutic Gazette.*

### Pharmaceutical.

WITH the present high price of quinine it is a comfort to the physician and a blessing to the poor to have at hand a supply of cheaper antiperiodics.

Quinidia, cinchonidia, and cinchonia are capable of doing good service as substitutes for quinine, but the first two are still expensive, while the latter, though very cheap, has so many objectionable features that we can hardly expect it ever to come into general use. Messrs. Charles T. White & Co. offer in quinquina a substitute for the above, which is proving itself to be an agent of great value.

It contains all the alkaloids of cinchona, in an amorphous form, warranted of full strength as they appear in the bark, quinia being the only exception, and of this there is fifteen per cent. It does its work in doses no larger than those in which quinia is given and is sold in ounce bottles for one dollar each.

In this part of the country at least quinquina is rapidly becoming a favorite with the profession.

Prepared by Chas. T. White & Co., No. 54 Maiden Lane, New York.

UNQUESTIONABLY the highest place among alterative tonics belongs to the compound elixir of the iodo-bromide of calcium. Even

if all the good things they have done and are doing for pharmacy were destroyed and forgotten, Messrs. Tilden & Co. might maintain their character and reputation by means of this preparation alone.

We have heard it praised by physicians of wide experience as a remedy of signal worth in the treatment of scrofulous affections. It is a strong combination of alteratives and tonics, such as iodine, bromine, chlorine, calcium, magnesium, iron, sodium, and potassium.

These substances in proper proportion and combination are put up in the form of a palatable elixir, which holds them in solution and presents them to the digestive organs in the best possible condition for prompt action. Prepared only by Tilden & Co., 24 Liberty Street, New York.

### Miscellany.

THE KENTUCKY STATE MEDICAL SOCIETY, 1881.—The Twenty-sixth Annual Session will be held at Covington, Ky., on Tuesday, Wednesday, and Thursday, April 5th, 6th, and 7th, commencing Tuesday, April 5th, at 12 o'clock M.

The following is the programme:

Prayer.

Report of Committee of Arrangements—J. M. Riffe, M.D., Covington, chairman.

Reading of minutes and appointment of Committee on Credentials.

Report of Committee on Publication—D. S. Reynolds, M.D., Louisville, chairman.

Report of Treasurer—John D. Neet, M.D., Versailles.

Report of Corresponding Secretary—J. N. McCormack, M.D., Bowling Green.

Report of Recording Secretary—L. S. McMurtry, M.D., Danville.

Report on Improvements in Surgery—G. L. Dunlap, M.D., Danville.

Report on Improvements in the Practice of Medicine—C. H. Thomas, M.D., Covington.

Report on the Progress of Obstetrics—S. S. Watkins, M.D., Owensboro.

Report on Dermatology—L. P. Yandell, M.D., Louisville.

Report on Gynecology—W. H. Wathen, M.D., Louisville.

The President's Address will be delivered at 7:30 P. M.

#### WEDNESDAY.

Report on Epidemics—J. P. Thomas, M.D. Pembroke.

Report on Materia Medica—Turner Anderson, M.D., Louisville.

Report on Vital Statistics—W. W. Cleaver, M.D., Lebanon.



Report on Medical Ethics—H. M. Skillman, M.D., Lexington.

Report on Finance—Geo. Beeler, M.D., Clinton.

Report of a Case of Battey's Operation—J. N. McCormack, M.D., Bowling Green.

Report on Cholera Infantum—Preston B. Scott, M.D., Louisville.

Report on Diseases of the Rectum—J. M. Mathews, M.D., Louisville.

Report on Typhoid Fever—C. H. Todd, M.D., Owensboro.

Report on Ophthalmology—W. Cheatham, M.D., Louisville.

Glaucoma—J. H. Letcher, M.D., Henderson.

The Use of the Removable Paper Brace in the Treatment of Spinal Disease, with the exhibition of Splints—Ap. M. Vance, M.D., Louisville.

The Therapeutic Uses of Quinine—J. M. Harwood, M.D., Shelbyville.

Puerperal Convulsions—A. W. Morris, M.D., Elizabethtown.

Practical Sanitation—Pinckney Thompson, M.D., Henderson.

Report on Diseases of the Urinary Organs—R. O. Cowling, M.D., Louisville.

The Treatment of Typhoid Fever—L. S. McMurry, M.D., Danville.

Epidemic and Contagious Diseases—R. W. Dunlap, M.D., Danville.

#### THURSDAY.

Report on Otology—M. F. Coomes, M.D., Louisville.

Deaf-mutism—George Cowan, M.D., Danville.

Report on Scarlatina—J. D. Bryan, M.D., Lexington.

Report on Diphtheria—S. M. Hobbs, M.D., Mt. Washington.

Report on Meningitis—A. W. Johnstone, M.D., Danville.

The Sanitary Movement—John J. Speed, M.D., Louisville.

Plumbism from Cosmetics—J. W. Holland, M.D., Louisville.

Infantile Tetanus—J. A. Larrabee, M.D., Louisville.

Mechanical Aids to Diagnosis in Heart-disease—F. C. Wilson, M.D., Louisville.

Diagnosis of Diseases of the Chest—M. T. Scott, M.D., Lexington.

Uterine Displacements—J. A. Ireland, M.D., Louisville.

Uterine Subinvolution, its Pathology and Treatment—Edward Alcorn, M.D., Hustonville.

Bright's Disease—A. D. Price, M.D., Harrodsburg.

#### OFFICERS.

President—L. Beecher Todd, M.D., Lexington.

Senior Vice-president—J. P. Thomas, M.D., Pembroke.

Junior Vice-president—James H. Letcher, M.D., Henderson.

Corresponding Secretary—J. N. McCormack, M.D., Bowling Green.

Recording Secretary—L. S. McMurry, M.D., Danville.

Committee of Arrangements—J. M. Riffe, M.D., W. W. Henderson, M.D., Chas. Kearns, M.D., C. H. Thomas, M.D., Richard Pretlow, M.D., Covington.

#### TRANSPORTATION.

The Louisville, Cincinnati & Lexington Railway will charge one and two thirds fare for round trip.

The Kentucky Central Railroad will charge one and one third fare for round trip.

Members will pay full fare going and two thirds and one third fare respectively returning.

The Cincinnati Southern Railway will furnish round-trip tickets at two and a half cents per mile each way.

The Memphis & Ohio River Packet Company's steamers will make the usual reduction of rates to members.

Information respecting hotel accommodations, etc. may be obtained by addressing any member of the Committee of Arrangements at Covington.

Special attention is directed to the following resolution, adopted April, 1877:

*Resolved*, That at all the meetings hereafter all executive, miscellaneous, and other than purely scientific business be limited to the first hour of each morning session.

**NATURAL BONE-SETTING.**—The career of the Italian bone-setter, Regina Dal Cin, who has just returned to her native hills after a triumphal year of residence in this country, is like a bit of the surgery of a past age revived from its sleep of a hundred years to give us a demonstration of the mode in which surgery was divided into fragments, and illiterate specialists itinerated from place to place seeking occupation. The stone-cutting expeditions through Europe of Friar Jacques strongly resemble the bone-setting journeys of Madame Dal Cin to Vienna, Trieste, and America. Even the record of the dirty monk that "most of the Parisians looked upon as a physician sent from heaven for the relief of mankind" is equaled by the claims for a special heaven endowment made for the illiterate peasant woman. A native of an obscure village in the north of Italy, the daughter of an inn-keeper, without education, unable even to read in her own language, self-instructed, she has acquired such tact and facility in the manipulation of joints which have been the subject of chronic diseases that in selected cases she has been able to accomplish most excellent curative results. Her local reputation in Italy attracted the attention of an officer of high rank in the United States Navy, who took his child, the subject as was believed of an incurable joint-disease, to her for treatment. The child having been greatly benefited, the case became the occasion of a highly-wrought article descriptive of the powers of the *manipulatrice* from the pen of the father in one of the most popular magazines. A wealthy and influential family in Brooklyn, one of whose daughters was crippled from spinal and joint affections, attracted by her reputed powers, took their daughter to Italy and placed her under

the care of this person, and eventually persuaded her to return to this country with them, where her stay was prolonged more than a year. . . .

Her method of treatment was to keep the affected joint continuously poulticed from ten days to two weeks with a poultice of marsh-mallows; during this time gentle movements and firm rubbings were daily impressed upon the joint, and the expectation of the patient constantly excited as to the time when the final maneuver was to be made by means of which the distorted bone was to be put back in its place. After sufficient of this preparatory treatment had been made the final *coup de grace* was effected by a series of quick movements, and an exclamation from the operator that at last it was done! As a rule all her manipulations, even final climacteric performances, were nearly painless. Great improvement in the usefulness of the affected joints resulted in many cases. This woman, now about sixty years of age, is said to be modest, kind, and gentle in her manners, and is undoubtedly firmly and honestly persuaded that the conditions which she imagines to be present in her patients really exist; for how otherwise could we explain the success of her treatment, which has been so great as to secure for her, after repeated legal prosecution for practicing without qualifications, an official decree from the Minister of the Interior in the Kingdom of Italy authorizing her to treat dislocations, fractures, and hip-disease!

A review of her methods shows that they are as perfect as if they had been devised by one profoundly versed in psychology and pathology. The expectation of the patient, his confidence in the result, and the coöperation of his will, are all enlisted by them. She probably never heard of Tuke on "The Influence of the Mind upon the Body," but she could not have done more wisely if she had closely studied it. She believes in herself as thoroughly as Bonaparte did in his "Star of Destiny;" to her every case is an engagement, and every patient she makes an Old Guard. The real condition of the joints, in the manipulation of which her success is so signal, can very rarely be that of dislocation, or even of subluxation.

Those who have read that most delightful and profitable little book of Wharton P. Hood, entitled "On Bone-setting," will retain a vivid remembrance of the clear manner in which he demonstrates the function of persistent bands of adhesion, both extra and intra-articular, in producing permanent

lameness of joints after all inflammation has subsided. The profession owes a debt of gratitude to Dr. Hood that he availed himself of the opportunity to study the methods of one of the ablest bone-setters, and that having pursued his studies after scientific methods he has given us the results he has. These cases of lame joints confront every practitioner continually, too often they constitute an *opprobrium chirurgicum*; and when, after having been long unrelieved through want of skill or attention of the educated practitioner, they are cured by the manipulations of a bone-setter, they bring scientific surgery into discredit. It is our conviction that in a majority of cases of stiff joints the obstacle to motion exists less in intra-articular effusions and adhesions than in the changes which the extra-articulate structures have undergone; stiffened and adherent muscles and ligaments, contracted fasciæ, tendons, and sheaths inseparably blended, conditions which have developed from old inflammations about a joint or from prolonged disuse after bruises or other injuries, these are the chief causes of disability. How admirably the emollient poultices, the rubbings, and the movings practiced by the Italian woman are adapted to promote the absorption of effusions, the stretching and rupture of adhesions, and the restoration of tone to debilitated structures! It is true that no new principle, no new method, is found in her practice. She is but a skillful *masseuse*. The reason why physicians in general so often fail to relieve the cases in question, and so permit them to fall into the hands of empirics, is that these details of poulticing and rubbing and moving demand a degree of patience and devotion to trifling details which is possessed by few. As in so many other things the brilliant successes of such a person as Madame Dal Cin alone are heard of, while of the many failures and occasional disasters nothing is said. We are cognizant of one case in which she awakened in a hip-joint acute inflammation which terminated in abscess and necrosis. The scientific surgeon weighing carefully all the elements of the problem which each case that comes before him presents, will determine what cases are the proper ones to submit to manipulation and what to leave undisturbed. In his hands the same brilliant successes will be secured by the same methods in the one class of cases, while in the other disasters will be prevented. Under the guidance of the educated surgeon Madame Dal Cin and such as she might do work of yet

greater value. The methods of the natural bone-setter, as in the case of the English Hutton and the Italian Dal Cin, may sometimes repay the consideration of the educated surgeon. It may be a mistake always to ignore them, or to invariably dismiss their work with a sneer and the epithet of quackery.—*Annals of Anat. and Surg. Jan., 1881.*

**DEATH FROM OPENING AN ABSCESS.**—Another illustration of the peculiar dangers to which medical men are exposed in the practice of their profession is afforded by the lamented death of Dr. Ferdinand Jencken, of Kingstown. It appears that on January 1st Dr. Jencken opened an abscess in the arm of a poor woman, having on his thumb at the time of operating a cut or abrasion so slight as to have been entirely overlooked. The hand and arm, however, soon afterward became violently inflamed, symptoms of pyemia rapidly supervened, and death closed the scene.—*London Lancet.*

**ON THE ABSORPTION AND ELIMINATION OF QUININE.**—From a series of experiments undertaken on this point, Professor Lepidichioti (*Il Morgagni; La Presse Méd. Belge*) concludes as follows: 1. Quinine is certainly not eliminated by the saliva; 2. It is not eliminated by the sweat; 3. It is not absorbed after friction upon the skin; 4. It appears at the end of thirteen to fifteen minutes in the urine when it has been administered by hypodermic injection; 5. It appears after fifteen to seventeen minutes when it has been administered by the mouth and the primæ viæ are in good condition; 6. It is perceptible at the end of twenty to twenty-five minutes when it has been administered by means of the entero-clysm, and the patient has retained this for some time; 7. It is found at the end of thirty to forty minutes when it has been injected by the aid of the ordinary clysopompe (Davidson's syringe), and has been retained some time.—*St. Louis Courier of Medicine.*

DR. HAMMOND'S daughter, the Marquise de Lanza, has just completed a novel, to be published by the Putnams, the plot of which turns on the idea of double consciousness. The heroine, while in the "second state," engages herself to be married, and when she recovers her normal condition has forgotten all about it. Dr. Hammond will write a preface to the book upon the subject of double consciousness.—*Boston Medical and Surgical Journal.*

HAHNEMANN, the founder of the homeopathic school, was one day consulted by a wealthy English lord. The doctor listened patiently to the patient (*New Orleans Med. and Surg. Journal*). He took a small phial, opened it, and held it under his lordship's nose. "Smell! Well, you are cured." The lord asked, in surprise, "How much do I owe?" "A thousand francs," was the reply. The lord immediately pulled out a bank-note and held it under the doctor's nose. "Smell! Well, you are paid."

LA SALLE, ILL., is to have sulphur and sulphuric-acid works, to be completed in ninety days and employ one hundred hands.—*Oil and Drug News.*

The extent of the consumption of sulphuric acid by any nation, it has been well said, is a true index of its commercial prosperity.—*Prof. Barker, of Yale College.*

A MEDICAL student at Birmingham, last week, was found dead in his father's surgery. It would seem from the evidence adduced at the inquest that the fatal result was due to taking prussic acid, probably inadvertently.—*London Lancet, Feb'y 5th.*

## Selections.

**Hemoptysis.**—An extract from Lecture II of the Harveian Lectures. By James E. Pollock, M.D., F.R.C.P. (*British Med. Journal*):

Hemoptysis has a leading place among the events of chronic disease of the lung; and new doctrines have recently been enunciated about its influence, both as a cause and consequence of such affections.

Hemoptysis is generally a symptom of congestion, which, in such cases, is the real condition to consider and to treat. It is only another word for pulmonary apoplexy of greater or less extent. There is another and very fatal form, which is a mere leakage from a broken vessel, and almost always the result of the rupture of a small aneurism of the pulmonary artery.

There are therefore two kinds of hemorrhage from the lung—the congestive and the passive.

To those who hold that chronic changes in the lung are due to inflammation, a hemorrhage arising from increased afflux of blood to a highly vascular tissue, is no unexpected event. It is in fact a part and a symptom of congestion.

On the other hand, the school who believe in tubercle formation being the essence of lung induration are puzzled to account for it. I would remark that acute tuberculosis—by which I mean an invasion of a large tract of one or both lungs by the gray miliary (millet seed) tubercle—is not accompanied by hemoptysis. The acute croupous pneumonia has its colored sputa (colored, that is by exuded blood); but hemorrhage as such is not a feature in the case.

I think we need not discuss the question whether

hemoptysis is of pulmonary or of bronchial origin. It is almost always pulmonary.

Whether the first step in the lung induration be an inflammation or tubercular, we may, I think, concede that excepting in the slowest and most insidious forms it is accompanied by congestion of lung-tissue, and hence the great prevalence of hemoptysis. It will be remembered that the earliest changes in phthisical lungs are shedding of alveolar epithelium and block of the air-cells, with consecutive small cell changes in the walls of the cells and in the intercellular tissue, in which lie the blood-vessels and lymphatics of the lung. Engorgement is sure to follow, and impeded return of venous blood, while the tissues become softened and disorganized.

The occurrence of congestive hemoptysis at the beginning or in the progress of phthisis is accompanied by a high temperature, running up to 104° or 105°. Its persistence may also be gauged by the thermometer and by the pulse. Should a more or less sharp hemoptysis subside, the temperature falls and the pulse becomes soft.

Should the bleeding initiate a lung attack—that is, occur to a person apparently in good health—we may expect it will be followed by the signs of consolidation of a portion of lung and the events of phthisis. There is a form of rapid phthisis, of which I have given an instance, which proceeds with great activity after an initial florid hemoptysis of some extent; and we must be on the lookout for such, and remember that it proceeds by progressively causing patches of consolidation in the lung, of which you will have the usual physical signs.

Should congestive hemoptysis occur (as it generally does in the course of chronic phthisis, you may have a long pause, or suspension of the active symptoms following its cessation. I have so often had occasion to observe this event that it seems well worth bearing in mind when called on to deliver an opinion on the result. How often also do we witness repeated attacks of rather profuse hemoptysis at long intervals in the same patient? That a second and third hemoptysis may succeed is almost certain, and that an appreciable amount of relief to the lung is produced by the bleeding I have no doubt. All these events bear strongly on the proposition that the local congestion of the lung has much to say to the clinical history of phthisis. I shall afterward speak of its bearing on the treatment.

**Treatment of Pain by Mechanical Vibrations.**—The action of metallic applications—metallogotherapy—of which we have heard so much in the last few years, was best explained on the theory of vibrations by Vigouroux, who proceeded to experiment upon the effect of sonorous vibrations, which he thought might have a direct mechanical effect on the sensory nerves (London Lancet). By the aid of a large tuning-fork and sounding-board he caused hemianesthesia to disappear, and provoked contractions in hysterical subjects at la Salpêtrière as rapidly as with the magnet or electricity. The pains of an ataxic were subdued when his legs were brought under the influence of these sound-waves. M. Boudet de Paris then thought that this might be applied locally over a nerve, the sonorous being changed to mechanical vibrations by means of a small button attached to the resonator and applied over the nerve. He therefore contrived a small apparatus consisting of an electrically-mounted tuning-fork, the vibrations of which were transmitted to a rod which could be

easily applied over a nerve. In a healthy man this mechanical excitation produced rapid local analgesia, often anesthesia, the maximum effect being produced by application over a nerve which could be compressed on a bony surface. When placed against the skull its walls vibrate in harmony with the tuning-fork; and a sensation of approaching vertigo, often followed by a desire for sleep, is produced. An attack of migraine can be cut short by the application. Neuralgia—especially of the fifth, where the nerves issue from bony canals—disappears after a few minutes' application of the instrument to the nerve at such points; but in the case of deeper-seated nerves, much protected by soft parts, it is more difficult to get good results. The writer suggests this treatment for the pains of ataxics and syphilitics. He thinks there is no limit to its application, and suggests that perhaps cranial vibrations may induce cerebral and thus general anesthesia. Its mechanical action is comprehensible when we see how simple friction of the skin may soothe very acute pain. He does not regard the number of vibrations as important. This, however, is, we believe, a point on which Dr. Mortimer Granville lays great stress.

**Restoration of an Asphyxiated Infant.**—In a communication to the Académie des Sciences M. Goyraud calls to mind that M. Gustave Le Bon, in a note published in the *Comptes-Rendus* of 1872, indicated as a certain method of recalling to life young animals that had become asphyxiated the plunging them into a bath the temperature of which was gradually raised from 38° to 48° C. M. Goyraud has recently had occasion to employ this means for a new-born infant which had been delivered by the forceps. When the infant was extracted the movements of the heart had entirely ceased, and various means for restoring animation, including artificial respiration, were persevered in for nearly two hours. No sign of life appearing, the infant, already become cold, was plunged into a bath heated from 45° to 50° C. (113° to 114° F). Thirty seconds had hardly elapsed when the first inspiration was observed to take place, and was quickly followed by free respiration, the infant in the course of five minutes having become full of life.—*Gaz. Hebdomadaire, January; Med. Times and Gazette.*

**Rapid Cure of a Popliteal Aneurism by Digital Compression of the Femoral Artery.**—John Kay, age thirty-two, consulted me for severe pains in the right leg and inability to flex the knee freely (J. B. Brierley, in British Med. Journal). On examination I discovered a small aneurism in the popliteal space. I did not interfere at first, but the pain in a few weeks was so great that the patient could with difficulty walk across the room, and he urged me to do something to relieve him. I completely stopped the circulation through the femoral artery by pressure applied to it just as it enters thigh. This was kept up for eighteen hours, when I asked the assistant to release the pressure a little while I laid my finger over the aneurism. On the pressure being completely removed the pulsation could scarcely be felt, but a thrill indicated the circulation was not entirely obstructed. At the end of twenty-four hours pulsation had entirely ceased, the artery was completely occluded. The patient rapidly recovered use of leg, the pain immediately disappeared. There has not been a bad symptom since. The assistants employed were the patient's sister, my own stable lad, and two medical friends.